

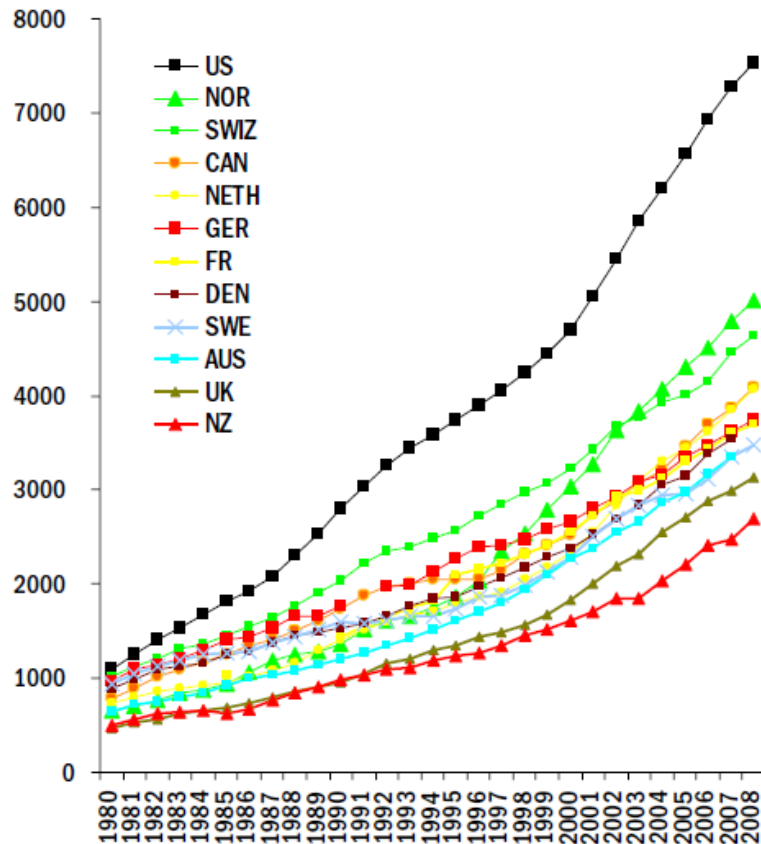
The Value Imperative: Meeting the Total Needs of The Population We Serve at Sustainable Costs

Pascal Briot MBA, PhD Candidate
Senior Quality Outcomes Analyst Consultant
Intermountain Healthcare, USA
pascal.briot@imail.org
Associate Lecturer
University of Nantes (France)
Espace Competences (Switzerland)

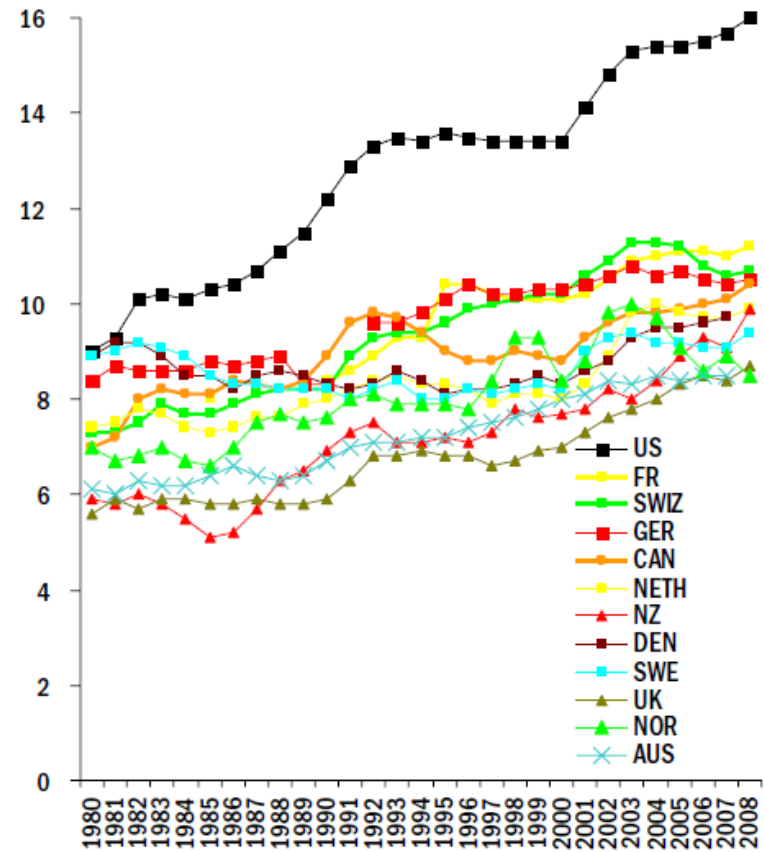
Utah-Europe Days 2013
Marriott-City Center
Salt Lake City, Utah

A challenge for all

Average spending on health
per capita (\$US PPP)



Total expenditures on health
as percent of GDP



Note: PPP = purchasing power parity—an estimate of the exchange rate required to equalize the purchasing power of different currencies, given the prices of goods and services in the countries concerned.

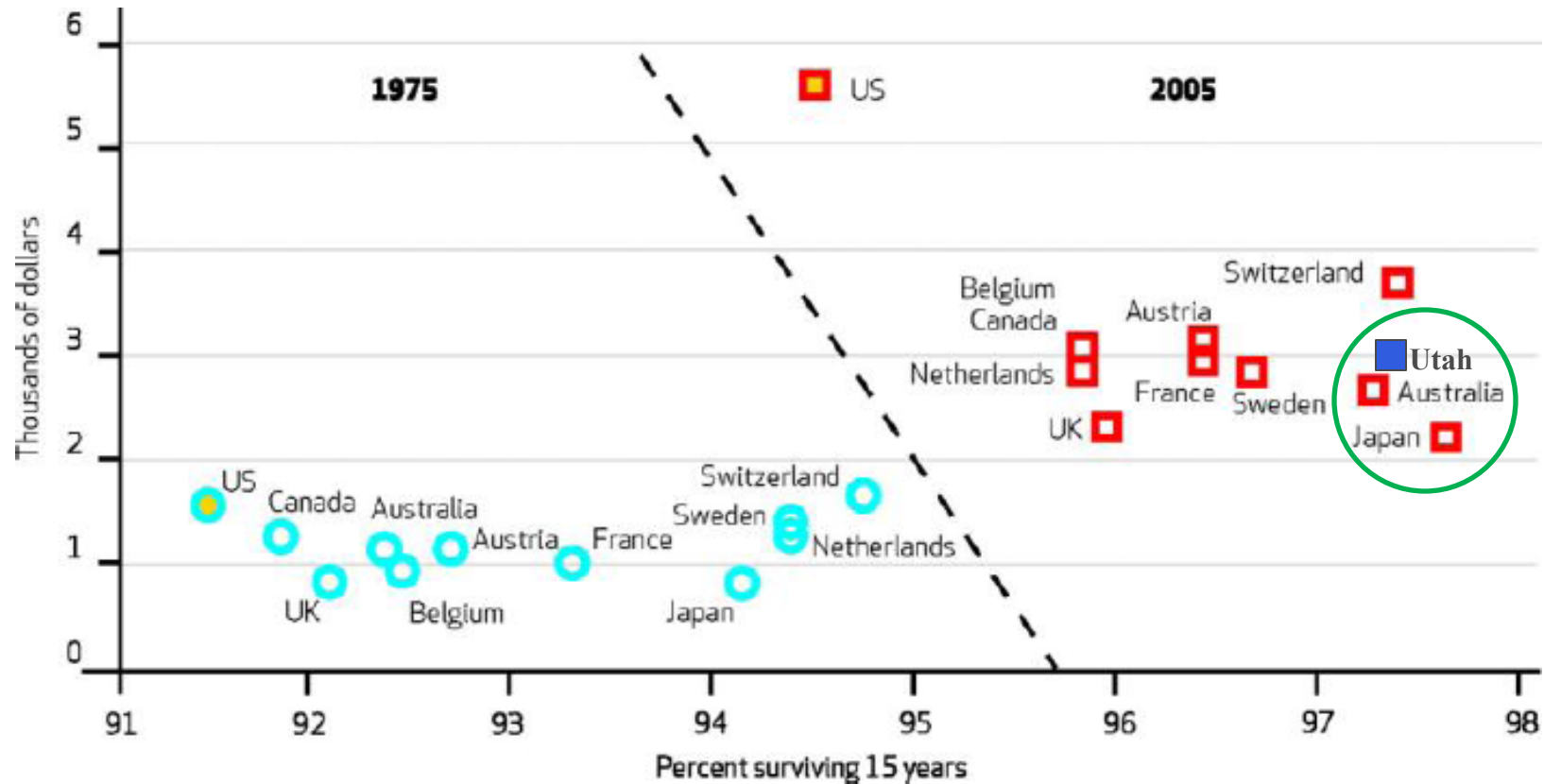
Source: OECD Health Data 2010 (Oct. 2010).

Rising pressures

1. *Growing inequalities and economic disparities*
2. *Better informed and demanding customers*
3. *Growing elderly population*
4. *Faster emerging new technologies*
5. *Impact on environment (carbon footprint)*

From P.-H. BRÉCHAT and M. GRAY

Per capita health spending and 15 years survival for 45 years old women United States and 12 comparison countries (1975 vs. 2005)

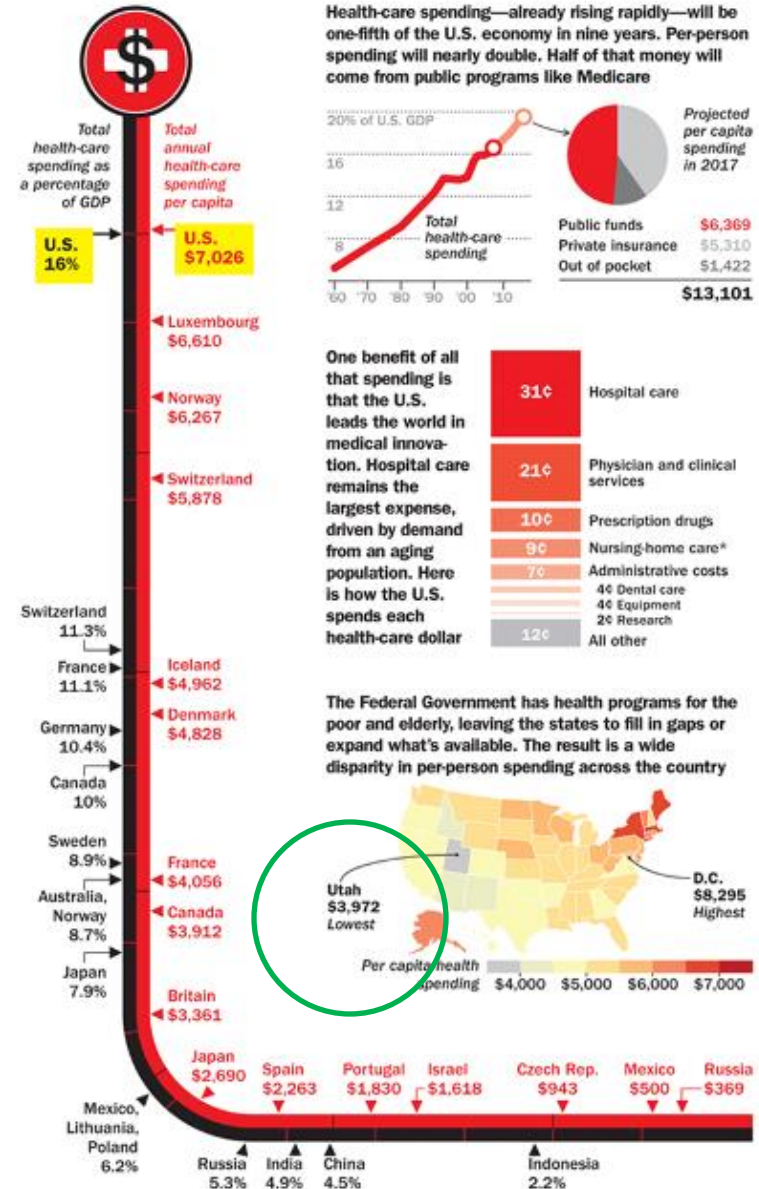


Muennig P A , Glied S A Health Aff 2011;29:2105-2113 Additional Information, Paul Grundy, IBM Corporation, 2012



Time Magazine
December 1, 2008

1 The U.S. spends far more on health care than any other nation



*Includes home health-care workers. Sources: World Health Organization; U.S. Department of Health and Human Services; Centers for Medicare and Medicaid Services.

An extremely high level of waste

1. *Overtreatment of patients*
2. *Failure to coordinate care*
3. *Administrative complexity*
4. *Burdensome rules and fraud*

*20 to 40 % of what is done has
no clinical value added for the
patients that we serve*



Don Berwick, MD
(Former Director of CMS,
President Emeritus of IHI)

New York Times, December 4, 2011

Adoption of continuous quality improvement principles from other industries

Data-driven, evidence-based approach

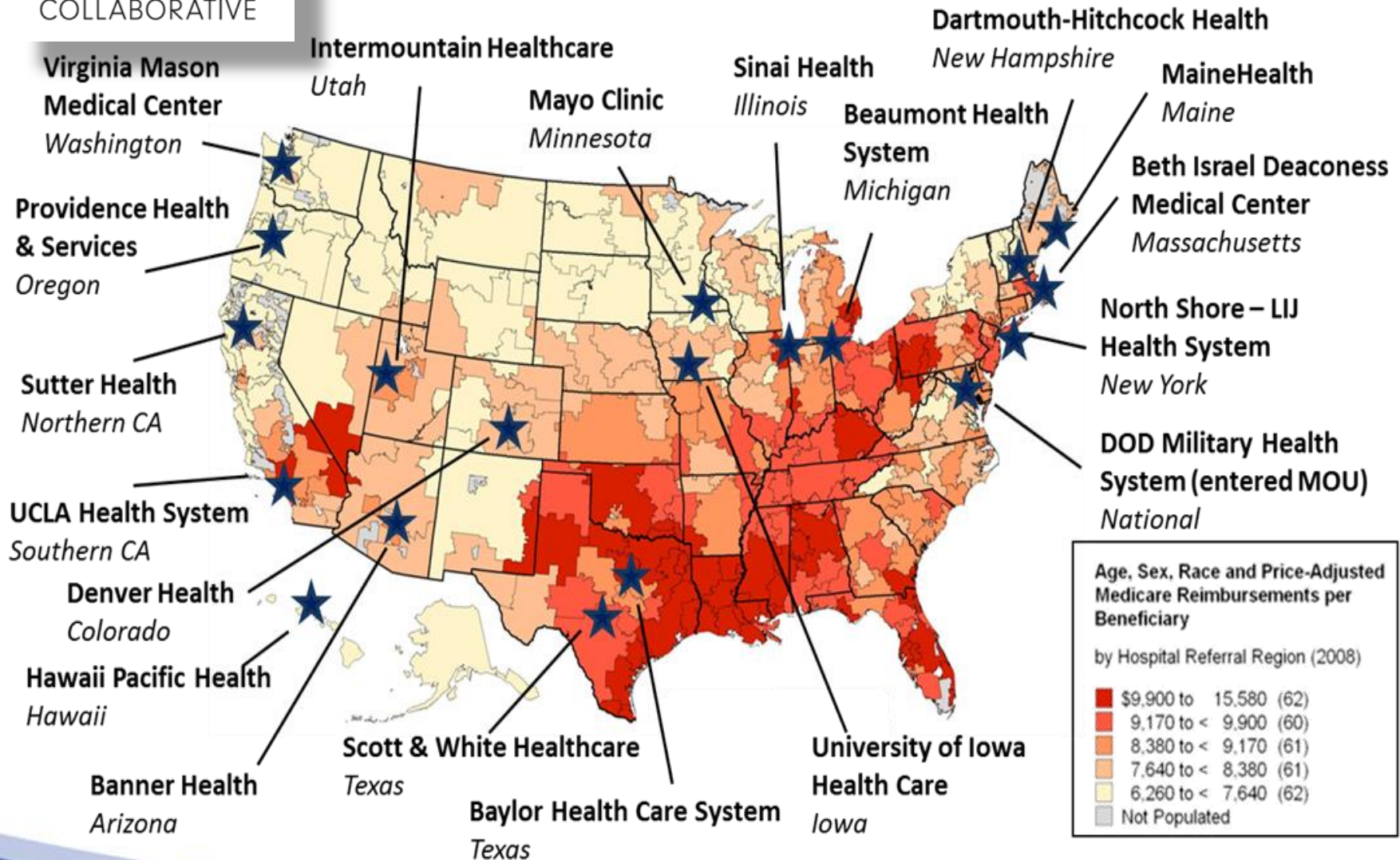
- *Leverage information technology, statistical tools and applied theory*
- *Create a new culture of shared accountability*
- *Reduce fear through objective data collection*
- *Analyze data without impugning motives or professional capability*
- *Align financial compensation on quality*



Brent C. James, M.D., M.Stat.
Executive Director,
Institute for Health Care Delivery Research
Intermountain Healthcare
Salt Lake City, Utah, USA

New York Times Magazine, November 8, 2009

Participating Institutions



We can learn from each other

European Perspective

Ulla Schmidt, German Health Minister (2001 – 2009)

"Fifteen years ago, we in Europe smugly believed that American health policy was bankrupt. Healthcare [in America] cost more, delivered less, and was inequitably applied.

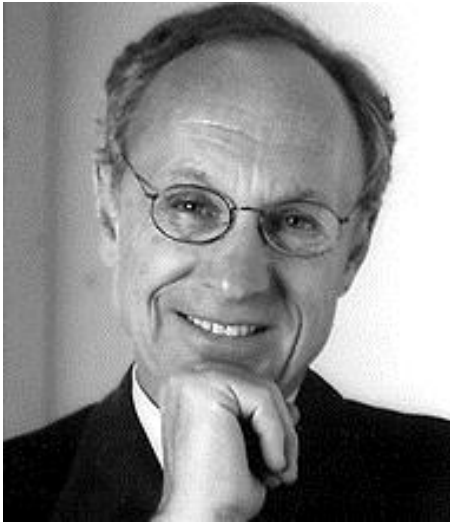
Today, we are not so sure. We see demands on our system that are unsustainable. Our costs are rising, our services are aging, the wealthy are leaving our systems, and our populace is increasingly dissatisfied with what we provide. We have much we can learn from you ... Innovation is something that government tends to do badly."

Utah is well positioned

U.S. News & World Report (January 28, 2009)

*"There are models for efficient care out there. These include the Mayo Clinic and **Utah's Intermountain Healthcare**. Using a coordinated approach to care, these systems improved quality and reduced per-patient costs by 43 percent."*

And leading the field



“As far as I know, Intermountain is the only health system in the country to set – much less achieve – detailed and aggressive clinical goals system-wide”

*Jeff Goldsmith, PhD
Professor of Health Policy
University of Virginia*

“Intermountain is truly leading the world in clinical innovations”

*Anthony Staines, PhD
Vice Chairman, SanaCERT
Switzerland*





**Intermountain
Healthcare**

Healing for life®

Thank you



Intermountain
Healthcare

Healing for life®

Appendix

Intermountain Overview

Headquartered in Salt Lake City: 34,000+ employees

Created in 1975 when LDS Church donated its 15 hospitals to the community

Integrated system:

Hospitals

- 22 hospitals
- 2,500 affiliated physicians
- 2,800 beds
- 41% of Utah hospitals, 44% of beds, 54% of discharges

Insurance (1983)

- SelectHealth
- 500,000+ members
- ~23% of market

Medical Group (1994)

- 185 clinics
- 1,200 employed physicians

Intermountain Medical Group

Diverse group of clinics and services

- 185 primary and secondary care clinic sites
- 32 urgent care locations
- 9 occupational health locations
- 2 on-site employer clinics
- 5 community/school clinics
- 17 retail pharmacies

4633 employees

- 1200 physicians
- 211 advance practice clinicians

